FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER: 2. STATE: CT 00-004				
OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
O: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF STATE PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE 10-1-00				
NEW STATE PLANAMENDMENT	TO BE CONSIDERED AS NEW PLAN	X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for each amendme	nt)			
FEDERAL STATUTE/REGULATION CITATION: Section 1902 (a) (10) (A) (ii) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY \$ b. FFY \$				
PAGE NUMBER OF THE PLAN SECTION OR ATTACHME					
Attachment 2.2-A, p. 23d; Attachment 2.6-A, p.p. 12c,-12p; Supplement 8a to Attachment 2.6-A, page 4; Supplement 8b to Attachment 2.6-A, page 6;					
	sons with Disabilities under the Balanced Budget approvement Act of 1999	Act of 1997 and the Ticket to Wor			
GOVERNOR'S REVIEW (Check One):					
_GOVERNOR'S OFFICE REPORTED NO COMMENT _COMMENTS OF GOVERNOR'S OFFICE ENCLOSED _NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITT	X OTHER, AS SPECIFIED:  AL Comments, if any, to follow.				
SIGNATURA OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
TYPED NAME: Patricia A. Wilson-Coker	State of Connecticut Department of Social Services				
TITLE: Commissioner	25 Sigourney Street Hartford, CT 06106-5033	4			
DATE SUBMITTED: July 7, 2000	Attention: Robert Augeri				
	ONAL OFFICE USE ONLY				
7. DATE RECEIVED. July 22, 2000	18. DATE APPROVED: February	23, 2001			
PLAN APPRO	VED – ONE COPY ATTACHED				
9. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	FICIAL:			
October 1, 2000	22. TITLE: Associate Region	al Administrator			
Ronald Preston	Division of Medicaid an				
23. REMARKS: Block 8 is revised by eliminating pa	age 12p from Attachment 2.6-A				

Revision:					ATTACHMENT 2.2-A PAGE 23d OMB NO.:
		State	e/Territory:_		СТ
Citation		Grou	ps Covere		
				u 	
B.	Optional Gro	oups C	other Than (Continue		cally Needy
1902(a)(10)(A) (ii)(XIII) of the Act	[]	23.	Individua income is poverty le and who, criteria fo	als with a solution and selection and select	ves Eligibility Group - disability whose net family 50 percent of the Federal family of the size involved or earned income, meet all ng benefits under the SSI ge 12c of Attachment 2.6-A
1902(a)(10)(A) (ii)(XV) of the Act	[ X]	24.	with a dis years of not exce	sability at age whos ed a stan	Jurance Group - Individuals least 16 but less than 65 se income and resources do dard established by the 12d of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XVI) of the Act	[ X]	25.	Employe 65 years disability exceed a	d individu of age w whose in standard	mprovement Group - lals at least 16 but less than ith a medically improved come and resources do not d established by the State. Attachment 2.6-A.
			MUST als		e elects to cover this group, it the Basic Insurance Group 4 above.
TN No. 00-004 Supersedes TN No.	Approval D	ate_ <i>_2</i>	123/01	Effective	e Date <u>10-1-00</u> D:

Revision:			ATTACHMENT 2.6-A Page 12c OMB No.:
	State/Territory:	CT	
Citation		Condition or Re	quirement
1902(a)(10)(A) (ii)(XIII) of the Act	In de work	etermining countable ing individuals with following methodolog.  The methodolog.  The agency use of income and rethe SSI programmethodologies: (income) and/or Attachment 2.6.  The agency use resource methodologies in the income in the state in the stat	ies of the SSI program. es methodologies for treatment esources more restrictive than n. These more restrictive are described in Supplement 4 Supplement 5 (resources) to
TN No. 00-004 Supersedes TN No.	Approval D	)ate <u>2/23/ci</u>	Effective Date 10-1-00 HCFA ID:

Revision:		ATTACHMENT 2.6-A Page 12d OMB No.:
	State/Territory:	CT
Citation		Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	<u>Insura</u> In det	ng Individuals with Disabilities - Basic Ince Group - TWWIIA ermining financial eligibility for working
		luals with disabilities under this provision, the ing standards and methodologies are applied:  The agency does not apply any income or
		resource standard.  NOTE: If the above option is chosen, no further eligibility-related options should be elected.
	_X_	The agency applies the following income and/or resource standard(s):
		Net monthly income using SSI methodology may not exceed \$3082.50 (\$36,990 per year). Countable resources for an individual may not exceed \$10,000. Countable resources for a married couple may not exceed \$15,000. In addition to a disregard of all resources held in retirement accounts by any family member, resources held in medical savings accounts established pursuant to 26 USC 220 and resources in accounts designated by the individual or the individual's spouse for the purpose of purchasing goods or services that will increase the employability of such person, subject to the approval of the Commissioner, are also excluded.
TN No. <u>00-004</u> Supersedes TN No. <u></u>	Approval Date λ	23/οτ Effective Date 10-1-00 HCFA ID:

	ATTACHMENT 2.6-A Page 12e OMB No.:		
State/Territory:		CT	
	Condition or Requirement		
cont.)	Income Methodologies  In determining whether an individual meet income standard described above, the aguses the following methodologies.  The income methodologies of the Sprogram.  The agency uses methodologies for treatment of income that are more restrictive than the SSI program. To more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.  The agency uses more liberal incomes		ether an individual meets the escribed above, the agency methodologies.  methodologies of the SSI  uses methodologies for income that are more an the SSI program. These tive methodologies are Supplement 4 to
Approval Date <u>2</u>	23/01	methodolog More liberal described in Attachment	ies than the SSI program. income methodologies are Supplement 8a to 2.6-A.  Date10-1-00
	cont.)	Income sont.)  In det income uses to the solution of the solut	Income Methodologicont.)  In determining whe income standard douses the following The income program.  The agency treatment of restrictive the more restrictive the more restrictive described in Attachment  X The agency methodolog More liberal described in Attachment

Revision:			ATTACHMENT 2.6 Page 12f OMB No.:	
	State/Territory:		СТ	
Citation		Cond	ition or Requ	irement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	cont )	Reso	urce Methodo	<u>ologies</u>
	ooni.,	the re	source stand	ether the individual meets dard described above, the ollowing methodologies.
		Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds he in retirement funds and accounts, including private retirement accounts such as IRAs an other individual accounts, and employersponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.		
			employer-s	disregards funds held in ponsored retirement plans, ate retirement plans.
			retirement a than those agency's di	disregards funds in accounts in a manner other decribed above. The sregards are specified in t 8b to Attachment 2.6-A.
TN No. 00-004 Supersedes TN No.	Approval Date_2	23/01	Effective	Date <u>10-1-00</u>

Revision:		ATTACHMENT 2.6-A Page 12g OMB No.:			
	State/Territory: _		СТ		
Citation		Condi	ition or Requirement		
1902(a)(10)(A) (ii)(XV) of the Act	(cont.)		The agency does not disregard funds in retirement accounts.		
		_X_	The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.		
			The agency uses the resource methodologies of the SSI program.		
			The agency uses methodologies fortreatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.		
TN No. <u>00-004</u> Supersedes TN No.	Approval Date_	2/23/01	Effective Date <u>10-1-00</u> HCFA ID:		

Revision:		ATTACHMENT 2.6-A Page 12h OMB No.:
	State/Territory:	СТ
Citation		Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act	(iii)	Working Individuals with Disabilities - Employed Medically Improved Individuals - TWWIIA
		In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:
		The agency does not apply any income or resource standard.
		NOTE: If the above option is chosen, no further eligibility-related options should be elected.
		X The agency applies the following income and/or resource standard(s):
		Net monthly income using SSI methodology may not exceed \$3082.50 (\$36,990 per year). Countable resources for an individual may not exceed \$10,000. Countable resources for a married couple may not exceed \$15,000. In addition to a disregard of all resources held in retirement accounts by any family member, resources held in medical savings accounts established pursuant to 26 USC 220 and resources in accounts designated by the individual or the individual's spouse for the purpose of purchasing goods or services that will increase the employability of such person, subject to the approval of the Commissioner, are also excluded.
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Revision:		ATTACHMENT 2.6-A Page 12i OMB No.:			2.6-A
	State/Territory:		CT		
Citation		Condition or Requirement			
1902(a)(10)(A) (ii)(XVI) of the Act	(cont.)	Incom	e Methodologie	<u>es</u>	
,,,,,	,	In determining whether an individual national income standard described above, the uses the following methodologies.			
			The income more program.	ethodologies o	of the SSI
			The agency us treatment of in restrictive than more restrictive described in S Attachment 2.6	come that are the SSI progr e methodologi upplement 4 to	more am. These es are
		<u>X</u>	The agency us methodologies More liberal m described in S Attachment 2.6	than the SSI ethodologies a upplement 8a	program. are
TN No. 00-004 Supersedes TN No.	Approval Date_;	2/23/4	Effective Do	ate <u>10-1-00</u>	

Revision:		ATTACHMENT 2.6-A Page 12j OMB No.:
	State/Territory: _	СТ
Citation		Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act	(cont.)	Resource Methodologies
( ) ( ) ( )	(10 ) (ct (cs)(tt)	In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.
		Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.
		The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.
		The agency disregards funds in retirement accounts in a manner other than those listed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.
TN No. <u>00-004</u> Supersedes TN No. <u></u>	Approval Date_	2 23 01 Effective Date 10-1-00 HCFA ID:

Revision:		ATTACHMENT 2.6-A Page 12k OMB No.:
State/To	erritory:	CT
Citation	Condit	ion or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)		The agency does not disregard funds in retirement accounts.
		The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
		The agency uses the resource methodologies of the SSI program.
		The agency uses methodologies fortreatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.
TN No. 00-004	·	
	val Date 2 23/0/	Effective Date <u>10-1-00</u> HCFA ID:

Revision:			ATTACHMENT 2.6-A Page 12I OMB No.:	
	State/Territory:	CT		
Citation		Condition or Requirement		
1902(a)(10)(A) (ii)(XVI) and 1905(v	<i>y</i> )(2)		mployed - Employed Medically viduals - TWWIIA	
of the Act		of "emp	ency uses the statutory definition ployed", i.e., earning at least the arm wage, and working at least 40 per month.	
		definition substant criteria other n	ency uses an alternative on of "employed" that provides for ntial and reasonable threshold for hours of work, wages, or neasures. The agency's old criteria are described below:	
		the minin month or those ear	oyed individual is one who is earning at least num wage, and working at least 40 hours per has gross monthly earnings at least equal to rned by an individual who is earning the wage and working 40 hours per month.	
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Revision:	ATTACHMENT 2.6-A Page 12m OMB No.:	
State/Te	rritory: <u>CT</u>	
Citation	Condition or Requirement	
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act	Payment of Premiums or Other Cost Sharing Cha	<u>arges</u>
	For individuals eligible under the BBA eligibility g described in No. 23 on page 23d of Attachment 2	
	The agency requires payment of premium other cost-sharing charges on a sliding sc based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:	ale
		÷
TN No00-004_ Supersedes Approv TN No	al Date 1/2/6/ Effective Date 10-1-00 HCFA ID:	

Revision:				ATTAC Page 1 OMB N	
State/T	erritory:		СТ		
Citation		Condition	n or Requir	ment	
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	Grou <sub>l</sub> Attac Grou	p describe hment 2.2	d in No. 24 -A, and the d in No. 25	on pag Medica	I Improvement
	agen adjus	cy MUST i ted gross	equire that income, as	t individu defined	elected below, the uals whose annual under IRS statute, of premiums.
	_X	premium sliding so with net the Fede size invo	s or other ocale based annual incorral poverty lived, the a	cost-sha on inco ome belo level fo mount o	duals to pay aring charges on a me. For individuals ow 450 percent of a family of the of premiums cannot adividual's income.
		•	they are a		t-sharing charges, are described on
TN No. 00-004 Supersedes Appro	val Date_ <i>.</i> }	23/01	Effective HCFA ID:		10-1-00

Revision:		ATTACHMENT 2.6-A Page 12o OMB No.:		
State/Ter	ritory: <u>CT</u>			
Citation	Condition or	Requirement		
Sections 1902(a)(10)(A)(ii) (XV), (XVI), and 1916(g) of the Act (cont.)	Payment of Premiu	ums or Other Cost Sharing Charges		
	Improvement Grou	erage Group and the Medical ip, the agency's premium or other es, and how they are applied, are		
	An eligible individual must pay a monthly premium equal to 10% of the adjusted gross income of the individual and spouse that exceeds 200% of the federal poverty level for the appropriate family size. Any premium due is adjusted downward by the amount of any premiums paid from income for health insurance by any family member.			
TN No00-004_ Supersedes Approva		ffective Date10-1-00 CFA ID:		

# SUPPLEMENT 8a To ATTACHMENT 2.6-A Page 4

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	STATE:	CONNECTICUT	
		T OF INCOME THAT ARE SUANT TO SECTION 190	ELESS RESTRICTIVE THAN THOSE OF 02 ( r) (2) OF THE ACT.
Section	on 1902 (f) State		Non-Section 1902 (f) State
The more liberal inco	ome methodologies	s described below apply to	the following coverage groups:
			viduals with a disability at least 18 but less andards described on page 12d of Attachmen
	th a medically impr	oved disability whose inco	p (employed individuals at least 18 but less ome and resources do not exceed standards
1. Annual net incon	ne using SSI metho	odology cannot exceed \$3	6,990.00.
2. For purposes of	eligibility the family	unit consists of only the v	vorking individual with the disability.
3. All children's inc	ome is excluded.		
TN No <u>00-004</u> Supersedes TN No.	Approval	Date 2人ろ/o/	Effective Date 10-1-00

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

CONNECTICUT

# MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 ( r) (2) OF THE ACT

Section 190	2 (f) State		Non-Section 1902 (f) State
The more liberal resou	rce methodologies descri	ibed below	apply to the following coverage groups:
			p (individuals with a disability at least 18 but less seed standards described on page 12d of Attachment
	a medically improved dis		t Group (employed individuals at least 18 but less se income and resources do not exceed standards
1. Counted resources	of the individual may not	exceed \$1	0,000.00.
2. Counted resources of a married couple may not exceed \$15,000.00.			
3. The following resources are excluded:			
retirement and med individual or his or	•	stablished p	oursuant to 26 USC 220 and held by either the
			ited by such person as being held for the purpose of ability of the individual (if approved by DSS).
she had such reso		or she rece	n under Medicaid for the life of the individual, if he or eived Medicaid under either the TWWIIA Basic t Group.
TN No. <u>00-004</u> Supersedes TN No	Approval Date 🕹	23/4	Effective Date <u>10-1-00</u>